

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10691697

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1	/						51								
2	/						52								
3	/						53								
4	/						54								
5		/					55								
6		/					56								
7		/					57								
8		/					58								
9		/					59								
10		/					60								
11		/					61								
12		/					62								
13		/					63								
14		/					64								
15		/					65								
16		/					66								
17		/					67								
18		/					68								
19		/					69								
20		/					70								
21		/					71								
22		/					72								
23		/					73								
24		/					74								
25		/					75								
26		/					76								
27		/					77								
28		/					78								
29		/					79								
30		/					80								
31		/					81								
32		/					82								
33		/					83								
34		/					84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	4						TOTAL IND.								
TOTAL DEP.	31						TOTAL DEP.								
TOTAL CLAIMS	35						TOTAL CLAIMS								